

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JUNE 24, 2020 – 11:00AM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Copley, Mackenzie (<i>Vice Chair</i>)	X				
DeMartino, Peter	X				
Holley, Nathaniel		X			
Morse, Ka'leef	X				
Padmore, Gerald (<i>Chair</i>)	X				
Shaw-Richardson, Re'ginald	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Zoerkler, Jennifer	X				
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT			
Barnes, Clover		X			
Edmonds, Jason	X		CONSULTANTS	PRESENT	ABSENT
Fortune, Ebony	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Mohram, Rony		X	Bailey, Patrice	X	
Ward, Carroll		X	Clark, Lamont		X

HIGHLIGHTS

NOTE: This is a draft version of the June 24, 2020 Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the July 22, 2020 meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Gerald P. called the meeting to order at 11:11am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Jennifer Z. motioned to adopt the Comprehensive Planning Committee Agenda for June 24, 2020. Ka'leef M. seconded. The agenda was adopted unanimously .
Review and Approval of the Minutes	Ka'leef motioned to approve the Comprehensive Planning Committee Minutes from May 27, 2020. Mackenzie seconded. The minutes were approved



	<p>unanimously. Mackenzie noted that his name was mis-spelled on the last page of the May 27, 2020 minutes.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p>Jason Edmonds reported for the Recipient</p> <p><u>SERVICE DELIVERY CHALLENGES</u></p> <ul style="list-style-type: none"> • For Part A and Part A MAI in April 2020, (35) of (41) invoices have been received. • For DC: Due to COVID-19, Unit Based Cost (UBC) Purchase Orders were not available for billing thus causing a surplus of unprocessed invoices. There was discussion about the loading of the purchase orders and the time periods. It was suggested to forward questions to Mark Hill or to the provider's Program Officer. • Part A expenditures are at 11% and should be at 17%. • Service areas affected by unprocessed invoices are Linguistic Services, Medical Transportation Services, Regional Early Intervention Services, Health Insurance Premium and Cost-Sharing Assistance, Medical Case Management, Emergency Financial Assistance, and Outreach Services. • Services spending 30% below expected are Early Intervention Services (EIS), Regional Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Medical Nutrition Therapy (MNT), Other Professional Services (OPS), Linguistic Services, (LS), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS). • The service spending 30% above expected is Emergency Financial Assistance (EFA). • Part A MAI expenditures are at 12% and should be at 17%. • Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services, and Psychosocial Support Services (PSS). • There were no services spending at 30% above or below expected. • UBC expenditures are at 9% and should be at 17%. • Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services, Substance Abuse Services - Outpatient Non-Medical Case Management Services, Food Bank/Home Delivered Meals, and Housing Case Management and Referral. • Service areas spending 30% below expected are Oral Health Services, Mental Health Services, Substance Abuse Services, Non-medical Case Management, and Housing Case Management and Referral. <p><u>Ebony Fortune presented the Recipient Report</u></p> <p><u>NARCAN</u></p>



Please contact Shea Davis at shea.davis@dc.gov to receive the Narcan kits. Providers/staff must show proof of attending and completing a training at DC Health or in the community to receive the kits. A list of free scheduled webinar trainings provided by DC Health can be found at <http://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings>.

GY'29 CLOSEOUT

The GY'29 closeout extension was not granted therefore, the reports were submitted on May 29, 2020. The HRSA Project Officer sent the reports back to the recipient for revisions. Once the reports are resubmitted and approved, they will be forwarded to the COHAH.

REPROGRAMMING REQUEST

The recipient is requesting to reprogram the initial Ryan White Part A allocations for GY'30. There is an additional request to move funds from Part A to Part A MAI to cover the awards that are deficient due to level funding awards that are higher than the available MAI program funding. The request is to move funds from Mental Health Services, Substance Abuse Services, Medical Nutrition Therapy, Early Intervention Services, Health Insurance Premium Cost Sharing Assistance, Medical Transportation, Linguistic Services, and Psychosocial Services, and Other Professional Services to Outpatient Ambulatory Health Services (A and MAI), Oral Health Care, Medical Case Management (A and MAI), Home and Community Based Care, Emergency Financial Assistance, Foodbank/Home Delivered Meals, Outreach Services and Part A MAI service categories: Mental Health Services, Substance Abuse Services, Early Intervention Services and Psychosocial Support Services. The attached spreadsheet gives a visual of how the money will be moved around.

The reprogramming is necessary to allow for the recipient to make awards that are aligned with the three-year grant awards from the Part A RFA that was made in GY'27 and to reprogram un-awarded funds into areas of need.

The recipient searched for opportunities that could be widely implemented and fulfill unmet needs for eligible clients. Without this reprogramming the recipient would have to reduce current GY'30 awards and create new funding solicitations and agreements which would be in alignment with the current allocation that the Commission has put forth for GY'30. The Recipient proposes this option as the best method to fully expend the Part A funds and ensure that the GY'30 continuation awards to sub-recipients are fulfilled.

Peter D. motioned to approved the reprogram request of the initial Ryan White Part A allocations for the GY'30 grant year and the additional request to move funds from Part A to Part A MAI to cover the awards that are deficient due to



	<p>level funding awards that are higher than the available MAI program funding. Jennifer seconded. Having established quorum, the motion passed with a vote of six (6) yes and zero (0) no.</p>
Other Business	<p><u>MODIFIED PSRA PROCESS FOR GY'31/FY'21 DUE TO COVID-19</u></p> <p>Mackenzie presented the motion to change the Priority Setting and Resource Allocation (PSRA) Process for GY'31/FY'21 considering the COVID-19 pandemic, its impact on the EMA as well as on the normal processes. The proposed change is as follows:</p> <p><u>PROCESS PROPOSED DATES</u></p> <ul style="list-style-type: none"> • Submit Modified GY'30/FY'20 PSRA Decisions for Part A and MAI to Recipient for GY'31/FY'21 Part A Application (HRSA-21-055) **Including any reprogramming*** August 27, 2020 • EMA-Wide Data Presentation (from Data Request) September 24, 2020 • PSRA Overview Presentation for COHAH (Refresher) October 29, 2020 • CARES Act/COVID-19 Impact on Part A Data Presentation November 19, 2020 • MD PSRA Meeting December 2020 - January 2021 • DC PSRA Meeting December 2020 - January 2021 • VA PSRA Meeting December 2020 - January 2021 • COHAH Review of PSRA Decisions for Part A and MAI December 2020- January 2021 • Submit Revised PSRA Decisions (if any) to Recipient for GY'31/FY'21 Awards. Preparation January 2021 <p>The Recipient must submit an application in response to the FY'2021 Part A NOFO (HRSA-21-055) by October 7, 2020. Due to the complex nature of PSRA, the benefits that come along with the process being conducted in-person, the shifting needs of our customers, and the influx of additional resources (CARES Act) to respond to COVID-19; the COHAH would not have sufficiently stable information to make an informed calculation of allocations for FY'2021 by September 2020 that would consider a post-COVID or "new normal" service delivery system.</p> <p>To rush through PSRA fully at this time would be inconsiderate to those who are in unstable environments at work and home. With Reprogramming and Reallocation as an option, we can utilize this grant year's PSRA decisions from our comprehensive process last year as a starting point to engage in a more informed process in December 2020-January 2021.</p> <p>Ka'leef motioned to change the Priority Setting and Resource Allocation (PSRA) Process for GY'31/FY'21 using the decisions from last year's process as a starting point to engage in a more informed process in December 2020-January 2021 in accordance with the timeline described</p>

	in the motion. Mackenzie seconded. Having established quorum, the motion passed with a vote of six (6) yes and zero (0) no.
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Follow-up Items	None
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ANNOUNCEMENTS/OTHER DISCUSSION

- There will be a COVID-19 and HIV Community-Wide Update Zoom meeting on June 24, 2020 at 12:00 – 1:30pm.

HANDOUTS

- June 24, 2020 Comprehensive Planning Committee (CPC) Meeting Agenda
- May 27, 2020 Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: April 2020
- Fiscal Roll-up Report – April 2020

MEETING ADJOURNED	11:51 AM	NEXT MEETING	WEDNESDAY, JULY 22, 2020 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:			
Date the Minutes were approved by the Comprehensive Planning Committee (CPC):			<div>Signature of: _____ Date: _____</div> <div>Ka’leef Stanton Morse, MHS, MBA Government Co-Chair</div>